Guidance for Administering Psychoactive PRN Medications

Psychoactive medications are prescribed to improve or stabilize:

- moods
- mental status
- behaviors



A Participant may have an order for a psychoactive PRN medication on his/her Medication Assistance Record (MAR), which is a prescribed medication that is given as needed for specific symptoms as a standard treatment for a diagnosed disorder.

When individuals certified in Medication Assistance give these medications, they are required by the Behavioral Health Division to adhere to the following guidelines:

- **1.** Psychoactive medications can only be administered when a valid order has been written by a medical professional with the authority to prescribe medication.
 - Be sure you have a valid order from a prescribing Physician before administering a psychoactive PRN.
- 2. The Physician's order and Participant's Positive Behavior Support Plan (PBSP) must provide information on how to use the psychoactive PRN, when it is to be used, and for what specific symptoms it is to be given. If the targeted symptoms are not listed in the order, obtain clarification from prescribing Physician before giving a psychoactive PRN.
 - Be sure you refer to the Physician's order and Participant's PBSP for instructions before administering a psychoactive PRN.
- **3.** Additionally, the PBSP will describe the non-pharmacological de-escalation interventions the Provider staff must utilize before attempting to administer a psychoactive PRN.
 - Know how to recognize Participant behaviors and what the plan is to handle de-escalation interventions before giving him/her a psychoactive PRN.
- **4.** Provider staff is required to document on their internal incident report form all non-pharmacological de-escalation interventions that were attempted. Additionally Provider staff is required to document on the MAR the psychoactive PRN administered and a short summary of the medication's effect on the Participant.
 - Complete the documentation as soon as possible after administering a psychoactive PRN.



Did you know? Psychoactive PRN medications cannot be administered against the wishes of the Participant unless a valid order has been obtained from an authorized medical authority. These are known as chemical restraints and are to be utilized as a last resort.

IMPORTANT to understand that an unauthorized chemical restraint is regarded as a form of assault and will be treated as such.

Guidance for Providers Deploying a Chemical Restraint

- A chemical restraint is a psychoactive medication that is given against a person's will.
- Wyoming Medicaid Rule defines a drug used as restraint:
 - o as any psychoactive medication that is not part of the Participant's standard treatment,
 - o has the temporary effect of restricting the Participant's freedom of movement,
 - and is administered in a crisis situation to prevent the Participant from harming him/herself or others.
- If a psychoactive medication is given against the Participant's will, and the Provider engages
 in a physical restraint in order to administer the chemical restraint, "the Provider and
 Provider staff shall adhere to the requirements established by the certifying entity
 (CPI/Mandt) and shall not modify those requirements."

NOTE: Any use of chemical restraint given to a Participant on the Children's Waiver is prohibited by law.

To engage in a chemical restraint Providers must adhere to the following guidelines and standards:

- 1. Staff must attempt to de-escalate the crisis through the use of non-pharmacological interventions prior to the use of chemical restraints.
- **2.** Psychoactive medications can only be used as a form of chemical restraint as a last resort measure in an emergency situation to prevent imminent harm to the Participant or others.
- **3.** The chemical restraint must be ordered by a physician or other health care practitioner with prescribing authority.
- **4.** The medication utilized in chemical restraints can only be administered by licensed personnel within their scope of practice. (LPN, RN, APRN, or Doctor)
- **5.** Provider staff is required to document all non-pharmacological de-escalation interventions that were attempted, the psychoactive PRN administered, and a short summary of the medication's effect on the Participant.
- **6.** Provider is required to provide post incident consultations with the Participant, guardian, and staff involved regarding ways to prevent future use of a chemical restraint.

Additionally, the use of a chemical restraint must be reported as an "Emergency Restraint" on the Division's Critical Incident Reporting web-based system (IMPROV). Also provide a copy of the incident to the Physician. The following components are required to be included in the report:

1. The Participant's symptoms that were observed prior to the administration of the chemical restraint.

- All non-pharmacological and psychoactive PRN medication interventions that were attempted to de-escalate the situation prior to resorting to the chemical restraint.
- **3.** The prescribed psychoactive PRN given for the chemical restraint and the effects the medication had on the Participant after it was administered.
- **4.** Consultations conducted with the Participant, guardian, and staff involved regarding ways to prevent future use of chemical restraint.

When obtaining an order for a chemical restraint the following criteria must be met:

- An order for the chemical restraint shall be obtained from a medical professional with prescribing authority.
- Verbal orders must be received by a providerauthorized employee trained in receiving detailed medical orders.
- The order contains the date, time, dosage, route, medication name, name of prescriber and specific reasons medication is being given.
- 4. If the Provider does not receive written documentation from the medical provider or document the medical professional's order, the Division will assume that the restraint was not properly ordered and may take corrective action.
- 5. A standing order for use of a chemical restraint may be part of the treatment protocol in those situations where access to a Physician might be delayed by circumstance. Standing orders cannot exceed one month and requires Physician follow up and reporting as specified earlier.